

10/537179

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		3		3		
11		3		3		
12		3		3		
13		3		3		
14		3		3		
15		3		3		
16		3		3		
17		1		1		
18		3		3		
19		5		5		
20		5		5		
21	1		1			
22	1		1			
23	1		1			
24		3		1		
25		3		1		
26	1		1			
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49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	23	←		←
TOTAL CLAIMS			29			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						